AMENDMENT TRANSMITTAL LETTER						Docket No. MCI-10002/29	
Application No.		Filing Date		Examiner		Art Unit	
10/705,307-Conf. #4439		November 10, 2003		T. M. Mai			3727
cant(s): Lyni	ne McIntyre						
ntion: RECON	NFIGURABLE	TRAVEL TRU	NK				
-	тс	THE COMMI	ISSIONER FO	OR PAT	ENTS		
nsmitted here	with is an ame	ndment in the	above-identif	ed app	lication.		
fee has been	calculated and	d is transmitted	d as shown b	elow.			
		CLAIM	S AS AMENI	DED			-
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate		
otal Claims	18	- 20 =	0	- x	25.00		0.00
dependent aims	2	- 3 =	0	х	100.00		0.00
	ent Claims (ch	ack if annlicabl	(a)				
OTAL ADDITIONAL FEE FOR THIS AMENDMENT: Large Entity							0.00
No additiona	fee is required	d for this amer	ndment.	_			
Please charc	e Deposit Acc	ount No.	ir	the an	nount of \$		
A duplicate c	opy of this she	et is enclosed.			. –		
A check in th	e amount of \$		to cover	the filin	g fee is enclo	sed.	
Payment by	redit card. Fo	rm PTO-2038	is attached.				
	is hereby auth					07-	1180
x Credit an	y overpaymen	t.					
Charge a	ny additional filin	g or application	processing fe	es requi	red under 37 (OFR 1.16	and 1.17.
				1	Dated: F	ohniani S	2007
hn G. Posa ornøy/Agent F	Reg. No.: 37,4	24			Jaico	CDIGGIY	., 2007
01 Troy Cente st Office Box	SS, SPRINKLE or Drive, Suite : 7021 48007-7021		& CITKOW	SKI, P.(C .		